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A NATIONAL SCANDAL: NEGLECT OF EMOTIONALLY DISTURBED CHILDREN

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by

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In 1965, Senator Abraham Ribicoff introduced legislation providing partial federal funding for a privately incorporated Joint Commission on Mental Health of Children to take a long, hard look at the plight of our emotionally disturbed children and come up with specific legislative and policy recommendations. With the vigorous support of Senator Lister Hill of Alabama and the late Rep. John Fogarty, funds were appropriated and the Commission came into being in January 1966.

The Commission, composed of representatives from 53 national organizations interested in children, labored long and hard over the past four years. Those of us who have had the privilege of serving on its Board of Directors have waded through thousands of pages of documentation from 10 expert task forces and have held innumerable meetings -- many of them quite stormy -- in an effort to produce the most meaningful final report. I am confident that it will be hailed as a latter-day Magna Carta for our mentally ill children.

The ensuing material consists mostly of direct quotations from the final report, but since I have had a fair amount to do with the composition of this material, I will not put it in quotation marks:

We frequently assert that ours is a nation devoted to its young. Our acts, however, belie our words. We have failed to commit our vast resources to eliminating the innumerable ills which hinder the healthy development of our young. Through our failure, we do violence to our most precious natural resource and, ultimately to the destiny of our nation. The number of mentally, emotionally, and physically handicapped youngsters in our midst are living testimony of the most devastating form of this violence.

From the time of the first White House Conference on Children in 1909 we have repeatedly, and with considerable eloquence, announced our intentions to develop strong, imaginative programs for children and youth. Yet, our programs for maintaining the health and mental health of infants and children remain woefully inadequate to the present day. Further, our preventive programs are most deficient where they are most crucially needed, that is, during the prenatal period and the first three years of life. For millions of our young, these highly critical periods of development go unattended. The consequent damage to health and mental health are inseparable and frequently lead to irreversible handicaps.

Our corrective and remedial efforts often reflect the same historical apathy. For example, we have not even met the needs of our emotionally disturbed children and youth, although these needs have long been recognized. The 1930 White House Conference on Child Health and Protection, composed of several thousand citizens and government officials, proclaimed that:

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The emotionally disturbed child has a right to grow up in a world which does not set him apart, which looks at him not with scorn or pity or ridicule -- but which welcomes him exactly as it welcomes every child, which offers him identical privileges and identical responsibilities.

The 1930 White House Conference estimated that there were, at that time, at least two and one-half million children with well-marked behavioral difficulties, including the more serious mental and nervous disorders.

In the four decades since the issuance of that report, the care of the emotionally disturbed child in this country has not improved -- it has worsened considerably. During the four years of its deliberations and fact-finding efforts, the Joint Commission has gathered together an impressive body of descriptive material on the plight of the emotionally disturbed child in America today.

Our major national, professional organizations estimate that there are now approximately four million children under the age of 18 who are in need of some kind of therapeutic intervention because of emotional difficulties. Of this number, anywhere from one-half million to a million children are so seriously disturbed that they require immediate treatment.

Are they getting this treatment? A survey undertaken by the National Institute of Mental Health in 1966 concluded that, of the 70 million children under 18 in the United States, 1,400,000 were in need of psychiatric care. Only 473,000 of these children received care, indicating that our service facilities failed to serve two-thirds of those in need. Other estimates of those in need of care, based on surveys conducted through various school systems, all confirm the need for psychiatric care for two to three percent of the children. However, these studies identified an additional seven to nine percent who need help for emotional problems.

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What happens to these emotionally sick children for whom there are no services in the community? Each year, increasing numbers of them are expelled from the community and confined in large state hospitals so understaffed that they have few, if any, professionals trained in child psychiatry and related disciplines. It is not unusual in this year 1970 to tour one of these massive warehouses for the mentally ill and come upon a child, aged nine or ten, confined on a ward with 80 or 90 sick adults. Data for 1966 indicates that over 27,000 of these children were confined in state and county mental institutions. On the basis of a trend which has been developing over the past few years, the National Institute of Mental Health estimates that by the end of 1970 the number of children aged 10 - 14 hospitalized in these institutions will have doubled.

The National Institute of Mental Health also reports that thousands upon thousands of elderly patients now confined on the back wards of these state institutions were first admitted as children 30, 40, and even 50 years ago. A recent report from one state estimates that one in every four children admitted to its mental hospitals "can anticipate being permanently hospitalized for the next 50 years of their lives."

What happens if the disturbed child is fortunate enough to escape the state institution treadmill? In a few of the major cities in this country, there are private, residential treatment centers which care for about 8,000 children a year. Since the average cost to the parents of such hospitalization ranges from \$50 to \$75 a day, it is obvious that only those of our citizens who are in the higher income brackets can take advantage of such services. Even among these rarified income brackets the situation is far from satisfactory; for every child admitted to one of these private facilities, 10 or more are turned away because of lack of space. In 15 of our states, there are no

such facilities for children, either public or private; in 24 of our states, there are no public units to care for children from low and middle income groups.

What about all the rest of our four million children who, as indicated above, need some kind of help for an emotional disturbance? Here the statistics become much less precise, since a vast majority of these children are literally lost. Many are bounced around from training schools to reformatories to jails and whipped through all kinds of understaffed welfare agencies. No one is their keeper. No agency in the community is equipped to evaluate either the correctness of their placement, or the outcome of such placement.

If they are sent to a training school, as recent testimony before a Senate Committee revealed, they may receive poorer treatment than caged animals or adult convicts. Appearing in 1969 before a Senate Committee, Joseph R. Rowan, an expert on delinquency who is now director of the John Howard Association of Illinois, characterized these institutions for juveniles as "crime hatcheries where children are tutored in crime if they are not assaulted by other inmates or the guards first." Another witness, Arlen Specter, the District Attorney of Philadelphia, told the same committee that these so-called correctional institutions for juveniles take a 13-year old and, in 11 years, turn out "a finely honed weapon against society."

Commenting on the failure of juvenile courts and juvenile correctional facilities even to begin to meet the manifest needs of emotionally disturbed and sociopathic children, Judge David Bazelon, a member of the Joint Commission, noted in a recent talk that, although this nation is aware of the problem, it does not support funds to treat and care for these children because it has really given up on them.

From all of its studies, the Joint Commission concludes that it is an undeniable fact that there is not a single community in this country which provides an acceptable standard of services for its mentally ill children.

The Commission therefore recommends that federal funding be provided for the establishment of a network of Child Development Councils throughout the nation. These Councils would act as the direct advocate for children and youth. They would have the responsibility and prerogative of insuring that complete diagnostic, treatment, and preventive services are made available to all children and youth in the neighborhoods which they serve.

While models for Child Development Councils may vary, as defined by the cultural and social backgrounds of participating citizens and clients, we suggest that these Councils might have some of the following basic functions:

- The Council acts as an advocate in behalf of the child. As such, it is legally empowered to insure needed services, to contract for services from existing agencies, or to use its own direct operating funds to provide services that are either unobtainable or of unsatisfactory quality. However, where it becomes necessary for the Council to set up services directly, it should operate these services only on a temporary basis until such time as these services can be effectively run by new or already existing agencies.
- In very simple terms, we see the Council as the conscience and action arm of the community with regard to its children. It would devise ways of making services accountable to children and to each other. Where it succeeds, every family in the community will know that this is the one place you can go when a child is in trouble, or when advice is needed on some developmental or educational problem. The Council would be the overall co-ordinator, planner, evaluator, and guarantor that no child in the community is lost or neglected.

The Commission recognizes that this basic objective of insuring delivery of services to children and youth can only be achieved and sustained if the advocacy function is complemented by mechanisms of administrative, policy, and funding intent at all levels of government. Therefore, the Commission recommends that partial federal funding be provided for the establishment of public advocacy functions at the national, state, and local governmental levels.

At the national level, the Commission recommends that the President appoint a Council of Advisors on Children and Youth similar to the Council of Economic Advisors. Advocacy for children and youth would then derive its strength from the highest office in our nation. This President's Council of Advisors on Children and Youth would have direct links with the Bureau of the Budget and would be charged with the responsibility of studying and gathering information on the problems of children and youth in the United States and with doing long-range planning, policy-making, and programming, both for services and for manpower. This advisory body would provide information about how agencies are working together, competing, or overlapping in providing services and would advise the President and Congress as to the allocation of monies spent for children and their families.

The advocacy concept at the state level would be carried out by a State Commission on Child Development. This Commission would be concerned with an on-going inventory of the needs of children and youth in the state. Its crucial task would be to develop a state plan -- in conjunction with broad federal guidelines -- which would organize and coordinate all the services and programs required to meet the needs of children and youth in the state. This Commission would review applications from local governmental Child and Youth Authorities for the establishment of neighborhood Child

Development Councils and would periodically evaluate the Councils as they are established.

At the local governmental jurisdiction (city, town, township, county, or combination of these), a Local Child and Youth Authority would be created for the purposes of coordinating and planning services, and for developing necessary overall policy involving the several Child Development Councils and various service dispensing agencies under its auspices.

At all levels -- neighborhood, local, state and national -- participation and representation in the various advocacy bodies would include professionals, laymen and citizens. At the neighborhood level, consumers of services would be involved in the planning and operating of the Child Development Councils.

Ultimately, it is hoped that Child Development Councils will be established to serve every child and youth in America. However, the Commission recognizes that these cannot be funded and established overnight.

We recommend that the following steps be taken within the next several years:

- A. The creation of the President's Council of Advisors on Children and Youth.
- B. The establishment of a State Commission on Child Development in each state to develop the state plan for services (with option to consolidate under present regional planning areas).
- C. The establishment of at least one Local Child and Youth Authority in each state.

- D. The establishment of approximately 100 Child Development Councils throughout the nation, with at least one in each state.
- E. The creation, by full federal funding, of approximately 10 Evaluation Centers, with each being placed in a different type of community. These Evaluation Centers, whether independent of or related to the Child Development Councils, would study, test and evaluate the goals proposed for the Councils and would provide data for the establishment of future Councils and for improvement of already existing Councils.

As a rough guess, we estimate that implementation of these short-range objectives would cost less than \$200 million a year. A considerable portion of this financing will consist of re-allocating monies now devoted to ineffective programs, but a major portion will be devoted to new appropriations for new kinds of services.

We do not flinch at the size of this financial recommendation. If we really intend to replace all of the nauseating rhetoric about our children with a massive program designed to optimize their physical and mental potential we must, as a nation, drastically re-alter our priorities. For example, one of our task forces noted that the Federal Government is spending approximately \$190 a year for services to children, as compared to \$2,000 per year for services to individuals over 65 years of age. We don't propose to cut down on these expenses for the aged, but we certainly want expenditures for children to at least equal the amount of money we spend for our elderly citizens.

If we can spend eighty billion dollars a year for the defense of our country, we can surely afford less than one percent of this for strengthening that generation which will inherit a host of agonizing problems on both the domestic and world scenes.

I think the prognosis for significant legislation carrying out the major recommendations of the Joint Commission during the 1971 Congressional session is quite good. There is some limited activity going on within the Executive Branch, too. The National Institute of Mental Health and the Office of Education joined together a few months ago to form a subcommittee to promote the child advocacy system. Both agencies have provided a small amount of money for technical work.

Despite the statements of President Nixon and then Secretary of HEW Robert Finch more than a year ago on the absolutely high priority this Administration was giving to the first five years of life, the Executive Branch seems to be moving most gingerly in dealing with the major Commission proposals. According to informed sources, the Office of Child Development in HEW is now finalizing its study of a proposal for ten to fifteen million dollars to launch a few of the pilot child development councils recommended in the final Commission Report. However, despite all the rhetoric from President Nixon and Mr. Finch the Office of Child Development, which Mr. Finch created, is still terribly under-staffed and under-funded.

Our one real hope in the Executive Department is the National Institute of Mental Health. Acting upon a September, 1969 resolution unanimously passed by the National Advisory Mental Health Council which enthusiastically endorsed all the major recommendations of the Commission Report Dr. Bertram Brown, the new Director of the National Institute of Mental Health, has announced on several recent occasions that the provision of services to emotionally disturbed children has the number one priority in the Institute. In carrying out this pledge, Dr. Brown has appointed his Deputy Director as Chairman of a Special Task Force on Services to Children.

Furthermore, the White House Conferences on Children in December of this year and on Youth in February, 1971 offer additional opportunities to further our cause, but after a number of meetings, I am not too persuaded that the organizers of these White House Conferences want to get down to practical proposals instead of doing what has become the sterile tradition since the first White House Conference in 1909 -- passing scores of resolutions in favor of childhood and motherhood and coming out firmly against sin.

The foregoing may seem like too pessimistic a view, but it is balanced by the truly massive evidences of support for the Commission Report which we continue to receive from every leading professional and citizen organization in the field of mental health.

The American Psychiatric Association, which now houses the offices of the Joint Commission on Mental Health of Children, came out almost a year ago with a beautiful sixteen page statement from its Board of Trustees, endorsing all of the major proposals of the Joint Commission Report. We have also received strong statements of support from the Council on Mental Health of the American Medical Association, the National Association of State Mental Health Program Directors, the American Psychological Association, and many others.

The National Association for Mental Health has taken an increasingly positive stance in support of the Joint Commission findings. It has a special committee on the mentally ill child which has devoted a great deal of time to informing the affiliates of the NAMH about the conclusions of the Report. Furthermore, the NAMH Committee on Mental Health Manpower has selected, as its highest priority, proposals for the training of mental health personnel in the field of childhood mental illness.

Until the child advocacy system is established, we have work to do right now in seeing that new treatment services for mentally ill children are funded. Testifying before a Congressional Committee on November 20th of last year, I made this plea to our elected representatives:

"In the interim, we must deal with the thousands upon thousands of disturbed children who are being turned away right now because of lack of personnel and facilities. As one who was deeply involved in the drafting of the original community mental health center legislation, I state categorically that children have been largely neglected in the community mental health center program. There are many reasons for this -- the typical mental health center with limited financing finds it almost impossible to take on children who are very expensive to treat, since any effective program with them also includes therapeutic sessions with the family. Furthermore, the adult patients are able to exert pressures upon the centers, and the children, who have little or no voice, are shunted aside."

"Even more important than the amount of money to be appropriated is the key issue of preferential matching for children's services. No matter how much money the Congress appropriates, we will not establish these units in mental health centers until we give them an additional inducement to take on these very expensive services. I have visited 33 of these centers in the past year, and I know that practically all of them want to provide treatment for children, but they do not have the financial resources to do so."

I am happy to report that our plea was heeded. In February of this year, the House and Senate Conferees agreed on landmark amendments to the community mental health centers bill providing the first funding for specific treatment services for mentally ill children since the passage of the original community mental health centers legislation in 1963.

The conference report authorizes a total of sixty-two million dollars over the three fiscal years starting on July 1st for the construction and staffing of children's units in community mental health centers. Even more important than the significant amount of money authorized is the establishment of preferential matching funding for these

children's services. The conference report provides that the federal government will supply, as its percentage of the costs for the staffing of these units, 80 percent for the first two years; 75 percent for the third year; 60 percent for the fourth year; 45 percent for the fifth year, and 30 percent for years six through eight. The tremendous breakthrough in this legislation is realized when one compares these federal matching percentages for staffing with the present federal matching for general operation of community mental health centers.

President Nixon, after delaying ten days, affixed his name to the legislation on March 16th of this year. However, his statement accompanying the signing of the legislation was a cruel disappointment to many of us, and an affront to the Congress which had passed this legislation unanimously with enormous support from key members of both political parties.

Mr. Nixon objected particularly to the new provision of the Community Mental Health Centers Act singling out emotionally disturbed children for special attention and preferential funding. Let me quote a section from his statement:

"...Certainly there is a pressing need for increased mental health services for children, but I feel strongly that these services should be provided within the total framework of comprehensive mental health services, and not through a separate new categorical program. I expect this authority to be administered as an integral part of the network of community mental health centers, thus avoiding further fragmentation of our scarce mental health manpower and services."

As in several recent instances, the President was poorly briefed when he allowed himself to make such an inaccurate comment. If someone had just read the bill for him, he would realize that the children's services are provided within the total framework of comprehensive mental health services and are in no way a separate

program. Furthermore, he misses the entire reason for singling out children's services in the centers for additional funding and preferential treatment -- testimony before both House and Senate Committees documented the point that most of the community mental health centers in the country were not treating children because the cost of such treatment ran two and one-half times as much as the cost of treatment for adults.

The new legislation which we passed in February authorizes only twelve million dollars for the fiscal year starting July 1, 1970 for these children's services. When this money is split up among 50 states and more than 250 mental health centers, one realizes what a token sum it is. However, the Nixon Administration even objects to this paltry twelve million dollars and has made no request of the Congress to implement this authorization.

I suppose the Administration will argue that such a "massive" sum is inflationary and will throw the budget out of balance. It makes one wonder: \$1,500,000,000 for the Second Phase of the ABM is not inflationary, nor is \$300,000,000 for the Supersonic Transport which many scientists have testified is not needed, and whose noise level will drive more people into mental hospitals. Just several months ago, Mr. Nixon released a billion and a half dollars in construction funds, mostly for highways. The Federal Government is still contributing four billion dollars a year, and I am sure you are contributing a hefty share at the state level, to build more freeways to tear up the American landscape and drive more people mad.

Of course, you understand me -- these aforementioned expenditures are not inflationary, but twelve million dollars for children is.

What can you do about it? You can make a maximum effort to get to your Senators and Congressmen and tell them that you demand this twelve million dollars for children.

However, in the final analysis, the Administration and the Congress will not move until they hear from the citizens all across this land. We of the Commission have done our job; it is now up to you in mental health associations and allied organizations to take up the torch.

The entire fate of the report of the Joint Commission on Mental Health of Children now rests upon the shoulders of all of us. As Thomas Jefferson once said:

"There is no substitute for the enlightened
action of an aroused citizenry."

Let us move into the action phase.